Application of Docket Humbe	Application	or	Docket	Numbe
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

09/537835

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		CLAIMS AS	FILED - olumn 1)		mn 2)			ENTITY	OR	OTHER SMALL	
FC	PR	NUMBE	R FILED	NUMBER	EXTRA	RAT	Έ	FEE		RATE	FEE
ВА	SIC FEE			Out of the state of				345.00	OR	77.44 793	690.00
TOTAL CLAIMS minus 20= * <?</td <td>X\$ 9</td> <td>9=</td> <td></td> <td>OR</td> <td>X\$18=</td> <td>1584</td>						X\$ 9	9=		OR	X\$18=	1584
IND							X78=	78			
MU	MULTIPLE DEPENDENT CLAIM PRESENT +130=					OR	+260=				
* If	* If the difference in column 1 is less than zero, enter "0" in column 2					ТОТ	AL		OR	TOTAL	2352
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMA	LL I	ENTITY	OR	OTHER SMALL I	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Ē	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• 117	Minus	.108	= 4	X\$ 9)=		OR	X\$18=	12
AME	Independent	• 4	Minus	PENDENT CLAIM	-0	X39)=		OR	X78=	
\vdash	FIRST PRESE	NIATION OF ME	JETIPLE DEF	PENDENT CLAIM		+130)=		OR	+260=	
						TC ADDIT.	TAL		OR	TOTAL ADDIT. FEE	72
		(Column 1)		(Column 2)	(Column 3)	ADDII.			•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**	=	X\$ 9)=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39	=		OR	X78=	
Ĺ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM	<u> </u>	100			1		
						+130)= TAL		OR	+260=	
						ADDIT.			OR	ADDIT. FEE	
_	7	(Column 1) CLAIMS		(Column 2) HIGHEST	(Column 3)						
AMENDMENT C	400	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*	Minus	**	=	X\$ 9)= -		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39	=		OR	X78=	
Ľ	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDENT CLAIM		<u> </u>					
	If the entry in colu	mn 1 is less than ti	ne entry in colu	ımn 2, write "0" in co	olumn 3	+130			OR	+260=	<u></u>
	If the "Highest Nu	mber Previously P	aid For" IN THI	S SPACE is less that	an 20, enter "20."	ADDIT.	TAL FEE		OR	TOTAL ADDIT. FEE	

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

1201

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	09	537835
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· -		Total Fee	Calculatio	ב		
<u>Z</u> e	m Code	Total . # Claims	Number Estra X	Fe	Fee =	-
	c∕Lg.			Sm. Entity	Lg. Estity	Total
	1/101		30		690.	690
	3/103	108 :0=	-88 ×		18	1584
independent Claims 23 200			$l \rightarrow$		78.	78
Mult Dep Claim Instead 200	<u>/1(4</u>					
•	<u> 1105</u> .					130
English Translation 13	ò					
TOTAL FEE CALCULATIO	<u> </u>					2982
Fres due upon <u>tiling</u> the ag	plication:					-{·
Total Filips Fees Due =	\$	2483	2.00			
Less Filing Fees Submined	- S	40		!		
EALANCE DIE	- S	2,48	2.00			
Office of Initial Pater Exam	<u>aination</u>				•	